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Bib Data Sheet

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/814,964 | FILING DATE<br>03/31/2004<br><br>RULE | CLASS<br>702 | GROUP ART UNIT<br>2857 | ATTORNEY DOCKET NO.<br>286532.126US2 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

*AM* This appln claims benefit of 60/459,072 03/31/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 06/08/2004**

|  |                        |                        |                       |                            |
|--|------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>MD | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                        |                       |                            |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials  |                        |                        |                       |                            |

ADDRESS  
24227  
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TITLE  
METHOD AND APPARATUS FOR SYSTEM MANAGEMENT USING CODEBOOK CORRELATION WITH SYMPTOM EXCLUSION

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>845 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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